

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10731513

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6	1		1			
7		2		2		
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TOTAL IND.	2		2			
TOTAL DEP.	10		9			
TOTAL CLAIMS	12		11			

	IND	DEP	IND	DEP	IND	DEP
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